

Department of State Police
EMPLOYEE TRAVEL/TRAINING REIMBURSEMENT VOUCHER INPUT FORM

NAME:	EMPLOYEE (HR/CMS) NUMBER:	
TRAVEL AUTHORIZATION NUMBER (if applicable) T - -	DATE:	BUD FY:

DATES OF TRAVEL/TRAINING AND BRIEF DESCRIPTION:

AIRFARE \$	B01	CONFERENCE, TRAINING & REGISTRATION FEES \$	B05
HOTEL/LODGING (OUT OF STATE TRAVEL) \$	B01	MEMBERSHIP DUES & LICENSING FEES" \$	B05
OUT OF STATE TRAVEL – OTHER EXPENSES (Per diem Meals, Rental Car, Fuel, etc.) \$	B01	EXIGENT JOB-RELATED EXPENSES (must have prior written authorization) Reimbursements must be less than \$100.00 \$	B10
IN-STATE TRAVEL" i.e. Mileage \$	B02	OVERTIME MEALS (must have prior written authorization) \$	B03

DOCUMENT TOTAL: \$

*****Please attach all necessary receipts and backup paperwork*****

TRAVELER’S CERTIFICATION: I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Commonwealth and conform fully with travel rules and regulations:

SIGNATURE:

Date:

Supervisor’s Signature:	Title:	Date:
Entered by:	Title:	Date:

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